

**MICHIGAN MENTAL HEALTH COURTS
ESSENTIAL ELEMENTS, COURT COMPONENTS AND PLANNING TASKS**

Essential element	Court components	Planning tasks
1. Planning and administration	<ul style="list-style-type: none"> ▪ Stakeholders; advisory groups ▪ MHC operates in a broad MH/CJ context; other collaborations may exist involving law enforcement, local and/or state corrections, re-entry services, other court diversion programs, etc. ▪ Policies and procedures manual has been accepted by all members of planning committee ▪ MOUs have been executed 	<ul style="list-style-type: none"> ▪ Identify stakeholders and planning partners ▪ Convene court planning committee and advisory group ▪ Conduct community mapping exercise ▪ Identify mental health court objectives that respond to local needs and priorities ▪ Identify governmental and other resources in the community to support the clinical functions of the mental health court program ▪ Develop cross-training program covering both mental health and criminal justice issues ▪ Draft policies and procedures manual and MOUs that set forth policies, program guidelines, court operations and all parties' roles and responsibilities
2. Target population	<ul style="list-style-type: none"> ▪ Criminal justice eligibility: eligible offenses, exclusions ▪ Mental health eligibility: eligible disorders and attributes, exclusions 	<ul style="list-style-type: none"> ▪ Determine criminal justice and mental health eligibility criteria
3. Timely participant identification and linkage to services	<ul style="list-style-type: none"> ▪ Points of entry, referral sources ▪ Screening procedures (who, when, where and what) ▪ Assessment procedures to determine eligibility and develop individualized treatment plans (who, when, where and how) ▪ Protocols regarding treatment plans 	<ul style="list-style-type: none"> ▪ Develop procedures for referral ▪ Develop procedures for screening, including selection of screening instruments ▪ Determine what types of mental health professionals need to participate in the assessment process (e.g., when psychiatrists need to be involved, when social workers and/or psychologists are appropriate) ▪ Identify who will conduct assessments ▪ Determine who will make eligibility decisions (both criminal justice and mental health)

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3. Timely participant identification and linkage to services (continued)		<ul style="list-style-type: none"> ▪ Identify the types of services that will most often be included in individualized treatment plans ▪ Through cross-training and discussion, reach a shared understanding among mental health and criminal justice stakeholders as to how clinical and criminal justice goals will be balanced ▪ Decide what treatment-related objectives to set for mental health court participants ▪ Determine the minimum, maximum and average length of court-mandated treatment plans ▪ Develop a format or template for individualized treatment plans
4. Terms of participation	<ul style="list-style-type: none"> ▪ Stage of proceedings (if felony, pre-indictment or post-indictment; pre-plea or post-plea; if post-plea, pre-sentence or sentenced) ▪ Procedures regarding participation decision (e.g., opt-in period) ▪ Phases or other means of marking progress during court-mandated treatment ▪ Length of treatment mandate ▪ Requirements for graduation (including compliance with individual treatment plan) ▪ Rewards for successful completion ▪ Back-end punishment for program failure 	<ul style="list-style-type: none"> ▪ Reach consensus on terms of participation ▪ Develop protocols and program participation guidelines
5. Informed choice	<ul style="list-style-type: none"> ▪ Procedures for resolving questions of competency ▪ Procedures for ensuring that participant fully understands terms of participation from both a criminal justice and treatment perspective 	<ul style="list-style-type: none"> ▪ Establish procedures regarding informed choice

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6. Treatment and supports	<ul style="list-style-type: none"> ▪ Range of services included in court-mandated treatment plans: mental health treatment, substance abuse treatment, community-based case management (also called care coordination), supported housing, respite/crisis/immediate placement beds; educational and vocational services ▪ Ancillary services (esp. benefits) ▪ Referrals to services ▪ Case management/care coordination services 	<ul style="list-style-type: none"> ▪ Identify and meet with treatment and other service providers who are interested in working with participants in the mental health court ▪ Determine what referral methods are required and/or appropriate for various services and/or providers ▪ Determine who will perform case management/care coordination functions
7. Confidentiality	<ul style="list-style-type: none"> ▪ Protocols for sharing information among members of the court team that will help the court, its participants and its key stakeholders (prosecutor, defense attorneys and service providers) achieve their individual and shared goals while respecting the private nature of information related to mental illness and treatment ▪ Consents and waivers 	<ul style="list-style-type: none"> ▪ Identify information that is important to obtain and/or share that might be affected by confidentiality laws or principles. ▪ Determine who will have access to which information ▪ Create consent forms that permit confidential information to be shared as needed. ▪ Create protocols for service providers to report to the court on critical events and progress or lack of compliance in treatment
8. Court team	<ul style="list-style-type: none"> ▪ Regular members of court team are identified ▪ Cross-training for team members has taken place 	<ul style="list-style-type: none"> ▪ Determine whether prosecutor, defense bar and treatment community will be able to dedicate representatives to the court team ▪ Determine roles and responsibilities for each team member ▪ Conduct cross-training

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9. Monitoring adherence to court requirements	<ul style="list-style-type: none"> ▪ Court appearances ▪ Reporting related to compliance with court-mandated treatment ▪ Tools for motivating compliance: judicial and clinical responses 	<ul style="list-style-type: none"> ▪ Determine who will monitor participants and report to the court ▪ Develop protocols for frequency of court appearances and/or case management meetings ▪ Develop protocols for information-sharing with service providers, including reports on compliance with court mandates ▪ Develop protocols for drug testing ▪ Develop protocols for coordinating responses to noncompliance by court and providers ▪ Develop shared understanding among court, prosecutor, defense attorneys and providers about the array of possible rewards, sanctions, other judicial responses and clinical responses
10. Sustainability	<ul style="list-style-type: none"> ▪ Mechanism for collecting and analyzing data that will enable court and stakeholders to determine whether the court's mission and goals are being achieved ▪ Periodic review of court operations and outcomes ▪ Community support 	<ul style="list-style-type: none"> ▪ Decide what indicators will be used to determine whether objectives are being achieved ▪ Develop format for periodic performance reports ▪ Establish data collection and reporting protocols ▪ Establish procedures for periodic advisory committee review